

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

*A Partnership between the Office of the State Treasurer, NSHE, and Sierra Nevada College*

## AUTHORIZATION TO CORRECT STUDENT RECORD

If an exception occurs during the semester in which the student is currently enrolled or before the subsequent semester ends, this form is **NOT** needed and the financial aid office at the institution can make the appropriate adjustment to the student's account through normal procedures. This form is to be used by eligible institutions to document funds disbursed to students who have obtained approval to receive Governor Guinn Millennium Scholarship funds after the time period mentioned above. (**100% REFUNDS** and **INCOMPLETE GRADES** need to be submitted on **FORM 1B.**)

### Procedures for Exceptions:

**Step 1:** Institution determines that a student is eligible for reimbursement of Governor Guinn Millennium Scholarship funds.

**Step 2:** The financial aid office completes this form and faxes it to the Governor Guinn Millennium Scholarship Program in the Office of the State Treasurer, fax number 702-486-3246.

**Step 3:** The Treasurer's staff reviews the request and documents their determination in INSTEP.

**Step 4:** The Treasurer's staff indicate approval or denial on the form, sign and return the form via fax to the eligible institution.

**Step 5:** Upon receipt of Treasurer's Office approval, the eligible institution provides the student with a reimbursement.

**Step 6:** NSHE institutions fax the form to NSHE System Administration financial representative Ruby Sharman, fax number 775-327-5254. Sierra Nevada College provides a copy to financial representative Julie Beckman.

**Step 8:** Reconciliations for past terms are provided at the regularly scheduled "Term and Annual Reconciliations."

### College Financial Aid Office:

Eligible Institution \_\_\_\_\_

Student Name: \_\_\_\_\_

MSID #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Disbursement Amount: \_\_\_\_\_

Semester Requested for Reimbursement (list Fall and/or Spring and Year): \_\_\_\_\_

Please explain extenuating circumstances: \_\_\_\_\_

College Official Signature \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Officer

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Treasurer's Office:

Treasurer's Office Approval: Yes No If no, reason: \_\_\_\_\_

Treasurer's Office Official Signature: \_\_\_\_\_

Governor Guinn Millennium Scholarship Program  
Executive Director

Date

*Please attach a copy of the student's "took" screen for the appropriate term and fax to (702) 486-3246, attention Christy Thurston.*